

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

May 16, 2013, 9:30 am to 3:00 pm
United Way Conference Center, Room E
1111 9th Street, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick	Zvia McCormick
Richard Crouch	Brett McLain
Jill Davisson	Rebecca Peterson
Chris Hoffman (by phone)	Deb Schildroth
David Hudson (by phone)	Patrick Schmitz
Lynn Grobe	Susan Koch-Seechase
Betty King	Suzanne Watson
Sharon Lambert	Jack Willey
Gary Lippe	

MHDS COMMISSION MEMBERS ABSENT:

Senator Joni Ernst	Representative Lisa Heddens
Senator Jack Hatch	Marilyn Seemann
Representative Dave Heaton	

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief, Community Serv. & Planning
Bob Bacon	U of Iowa Center for Disabilities and Development
Denise Beenk	Vera French Pine Knoll
Teresa Bomhoff	Iowa Mental Health Planning Council/NAMI
Diane Brecht	Penn Center Inc.
Marsha Edgington-Bott	Superintendent, Woodward State Resource Center
Connie Fanselow	MHDS, Community Services & Planning
Jim Friberg	Department of Inspections and Appeals
Gayla Harken	Iowa Association of Community Providers
Becky Harker	Iowa Developmental Disabilities Council
Melissa Havig	Magellan Health Services
Gretchen Kraemer	Attorney General's Office
Sherri Nielsen	Easter Seals Iowa
Liz O'Hara	U of Iowa Center for Disabilities and Development
Chuck Palmer	Director, Iowa Department of Human Services
Harry Rossander	DHS, Bureau of Policy Coordination
Renee Schulte	DHS Consultant
Rick Shults	DHS, Administrator MHDS Division
Deb Eckerman Slack	ISAC County Case Management Services
Dave Smith	DAC, Inc.
Kathy Stone (by phone)	Iowa Department of Public Health

WELCOME AND CALL TO ORDER

Jack Willey called the Commission business meeting to order at 9:40 a.m., welcomed attendees, and led introductions.

WELCOME BY DIRECTOR PALMER

Chuck Palmer welcomed the new members to the Commission and told them he hopes they will find it a rewarding experience. He noted that the Commission has been very busy helping to write and develop policy and expects that the meaningful and challenging assignments will continue. He said he appreciates the thoughtful and balanced approach the Commission has taken to its work and the quality contributions the group has made to the work that has been produced. The Commission has developed a sense of credibility that has made legislators willing to give the group meaningful responsibility and more work to the body moving forward. Director Palmer said that the composition of the Commission creates some insights that other groups don't have. It is important for new members to know that the work is real and that it does make a difference. In working with MHDS to develop new administrative rules, the Commission is taking the law and operationalizing it; taking ideas and turning them into something workable that makes a difference in the lives of people. He said Iowa is a better place because of the work the Commission has done.

Director Palmer thanked Jack Willey and Rick Shults for their involvement and said he has enjoyed watching the Commission over the last couple of years as it has taken on that hard work in sub-committee and large group. Redesign is a journey and each year there will be next steps; the Commission will continue to have responsibilities and the work will probably not be slowing up. Director Palmer said he is very pleased with where the regions are as counties are coming together and reaching their own combinations. He said he would like to see some regions larger to attain an economy of scale, although the Department wants to support all the regions and see them be successful. DHS is working to provide clarity in what is still a somewhat ambiguous environment and be helpful to counties wherever possible. He said he credits counties that have been willing to move ahead and are well on their way to determining what will work for them as a region.

In terms of what is happening at the Statehouse, Director Palmer noted that there have been long periods of "hurry up and wait." Conference committees are meeting. At the beginning of the week there was hope the session could be wrapped up by this weekend. That could still happen, although there are still some very contentious issues and it is more likely they will be done next week. There is still a possibility that the health care issue could go into special session. Funding and the source of funding is one of the issues on the table that may be difficult to settle; Medicaid funding and other money issues are more contentious than policy issues in health care. He said that ultimately we will be better off than when we started, but it can be painful getting there. We should still stay optimistic; there is more money on the table today than there was two days ago.

BUSINESS MEETING

Quorum was established with 17 voting members present. No conflicts of interest were identified for this meeting.

APPROVAL OF MINUTES

Lynn Grobe made a motion to approve the minutes of the April 18, 2013 meeting as presented. Patrick Schmitz seconded the motion. The motion passed unanimously.

ELECTION OF OFFICERS

Richard Crouch, representing the ad hoc Nominations Committee, said that Jack Willey and Susan Koch-Seechase have provided good leadership, have been generous with their time and efforts, and have indicated they are willing to continue to do so for another year. Richard made a motion to re-elect Jack Willey at Chair and Susan Koch-Seechase as Vice-Chair for another one-year term. Patrick Schmitz seconded the motion. The motion passed unanimously. Jack Willey thanked the Commission members for their support and noted that the Commission is successful in its efforts because of the contributions of everyone.

Jack noted that the agenda item on Administrative Rulemaking will be taken out of order due to a scheduling conflict for Harry Rossander.

REVIEW OF THE ADMINISTRATIVE RULE MAKING PROCESS

Harry Rossander, DHS Bureau Chief for Policy Coordination, presented an overview of the administrative rulemaking process. Harry shared a flow chart showing the DHS rulemaking process and indicated that the legislature is currently considering a potential change to the process. The Bureau of Policy Coordination is responsible for maintaining appeals and exceptions to policy, and overseeing the process of administrative rulemaking. DHS handles about 8000 appeals and 4500 exceptions every year – most deal with Medicaid services. The Bureau also maintains the employee policy manual, which consists of 374 chapters and 30,000 pages. Harry said the goal of today's presentation is to provide an overview of what administrative rules are and how they are adopted. Laws provide the "big picture" of what is to be done and rules explain in more detail how it is to be done. Rules help to operationalize law.

The administrative rules process was intentionally designed to:

- Be thoughtful and forthright
- Ensure accountability
- Ensure the impact of proposed rules is thoroughly understood

The Iowa Administrative Procedures Act (APA):

- Is found at Iowa Code Chapter 17A
- Gives state agencies the right to make rules

The APA's purpose is to:

- Increase legislative oversight of agency actions
- Increase public accountability for agencies
- Increase public access to government information
- Increase public participation in government decision-making

A rule is a statement of general applicability that:

- Implements federal or state law or policy, or
- Interprets federal or state law or policy, or
- Prescribes state law or policy, or
- Describes the agency's organization, procedures, practice requirements

Rules are not required for statements concerning:

- Internal management of the agency
- Residents of a state facility
- Prices of goods or services furnished by DHS (as opposed to fees)
- Criteria for audits, inspections, or negotiations

Rulemaking is a delegation of legislative authority:

- Administrative rules have the force of law
- An administrative agency has no independent law-making power
- Rulemaking authority must be expressly delegated by statute
- Agencies can act only within the authority of the statute

A rule is valid when:

- It is based on a law that is constitutional and specifically authorizes the agency to make rules
- It has completed the required rulemaking process (due process)
- It is within the authority of the agency and it is reasonable

Rules are required to describe:

- Agency structure, programs, and mission
- Methods for public to get information or make requests
- Nature and requirements of all formal and informal procedures available to the public
- Description of all forms and instructions used by the public
- Standards, principles, and procedural safeguards

Things change constantly and rules must evolve with that change. Changes in rules impact how employees, providers, and other do their jobs, and may change forms, programming, or procedures.

Rules are published by the Legislative Services Agency (LSA):

- The Iowa Administrative Code (IAC) is the published collections of the administrative rules of all state agencies

- The Iowa Administrative Bulletin is a biweekly pamphlet announcing rules proposed or adopted by state agencies
- Copies may be found on the DHS Policy Analysis website at: www.dhs.iowa.gov/policyanalysis
- The administrative rules for the Iowa Department of Human Services can be found in the Iowa Administrative Code, Chapter 441
- DHS has about 1700 pages of administrative rules; more than any other state agency.
- DHS currently has more than 2100 forms that can be impacted by changes in administrative rules.

Rules may be needed or need clarification as a result of:

- Legislation
- Federal Regulation
- Policy or procedural changes
- Public request
- Internal review

Changes in law may require changes in:

- Rules
- Manuals
- Forms
- Systems

In rulemaking, the Legislative Services Agency is the controller:

- They run the Iowa Administrative Bulletin
- Set the timeline for when rules are passed
- The Bulletin only published on specific days
- Rules must be in a particular form to be published
- They must be precise and careful edits for punctuation are made to ensure that the intended meaning is clear

To make a rule, DHS must:

- Identify and develop the proposed rule changes
- Publish a notice of proposed changes in the Iowa Administration Bulletin (Notice of Intended Action) (“what we want to do”)
- Gather comments from the public
- Submit to administrative and legislative oversight
- Adopt final rules
- Publish final rules in the Iowa Administrative Bulletin (Rule Adopted) (“what we are going to do”)

In DHS, the following bodies have rulemaking power:

- The Council on Human Services
- The Mental Health and Disability Services Commission
- The hawk-i Board

Oversight of rules rests with:

- Specific Councils, Boards, or Commissions
- The Administrative Rules Coordinator
- The Attorney General
- The Administrative Rules Review Committee (ARRC)
- The Iowa General Assembly

The ARRC is a committee of legislators who look at rules in both the notice and implementation phase.

DHS staff:

- Drafts changes
- Prepares rule packets consisting of the proposed rule, an information papers, and a fiscal review
- Obtains administrative and fiscal approval
- Submits the packet to the Publications Unit
- Reviews products
- Responds to comments

It takes about 6 months total time to make a rule by the regular rulemaking process:

- 19 days for initial publication (Notice of Intended Action)
- 35 days for public comment
- 19 days for final publication (Rule Adopted)
- 35 days for implementation
- Add in time for approval by Council, Board, or Commission

There is a proposal in legislation right now that says the Administrative Rules Review Committee would have to give direct approval for an agency to file emergency rules.

Emergency rulemaking criteria:

- The comment period may be waived if it is unnecessary, impracticable, or contrary to public interest
- The implementation period may be waived if legislation permits it, if it confers a benefit or removes a restriction, or if there is imminent peril to public health or safety
- If both are waived it is “double emergency”

It takes a minimum of 2 months to make a rule using the emergency rulemaking process:

- A rule may be adopted emergency without Notice of Intended Action, but implemented regularly in about 4 months
- A rule may be adopted emergency after Notice of Intended Action without the implementation period in about 4 months
- A rule may be adopted emergency without Notice of Intended Action and implemented immediately in about 2 months

For rules that are adopted on an emergency basis, the regular rulemaking process is also followed at the same time to provide for public comment.

The Legislative Administrative Rules Review Committee can:

- Direct the agency to do more consensus building on proposed rules
- Delay the effective date of the rule by 70 days or until the end of the next legislative session
- Refer the rule to the General Assembly

Discussion and Q & A:

- The Commission approves a rule before it is filed.
- The Human Services Council approves a rule after it has been filed.
- Rules are published with a preamble, which is a short summary of the rule, followed by the rule itself
- When a notice is published there is a 20-day opportunity for public comment.
- The rule cannot be adopted for at least 35 days.
- If there is going to be a public hearing, information on the time and place must appear in the notice with the rule.
- The public hearing can happen any time after public comments are due (after 20 days).
- Once a rule is published in the Administrative Bulletin, it must be adopted within 120 days.
- Subject matter experts and rule making staff read and review comments.
- Public comments are incorporated and responded to in the rule itself.
- Sometimes the public comment received will impact or change the rule.
- Commission members will receive comments packages to review.

Anyone can go to iowa.gov and search the Iowa Administrative Bulletin to look for currently published rules that are open for comment. Individuals can also sign up to receive the Administrative Bulletin.

Jill Davisson said that sometimes the law tells us we have to do something before the rules are out to provide guidance and asked how that happens. Rick Shults responded that the time lines in the law for implementing programs or activities don't always allow adequate time for the rulemaking process to be completed. He said the Department tries to work with legislators to prevent that, but it does happen.

Harry was asked who interprets rules if there is a question about their meaning. He responded that prior to adoption, questions about interpretation can be asked during the public comment period and that may result in greater clarity; after they are adopted, the entity in charge of implementing it, such as MHDS, would provide interpretation.

David Hudson asked for clarification about when the Commission can propose edits to the rules they are presented. Harry responded that when a Notice of Intended Action is filed, it can still be changed, but should be as correct as possible. When a rule comes

to the Commission for adoption, no changes can be made; the rule can only be voted up or down.

COMMISSION DUTIES DISCUSSION

Rick Shults and Theresa Armstrong presented an update on MHDS Commission duties, particularly those related to redesign and regionalization. Rick shared a handout showing Section 331.389 of the Iowa Code, noting that there are some regions that want to be recognized to begin operation prior to July 1, 2014.

Sec. 331.389(4)(f) states:

“If the Department, in consultation with the state commission, determines that a region is in substantial compliance with the implementation criteria in paragraph “e” and has sufficient operating capacity to begin operations, the region may commence partial or full operations prior to July 2014.”

This provision creates the authority and responsibility for the Department, in consultation with the Commission, to approve the operation of regions prior to July 2014, when all regions are expected to begin full operation. Paragraph “e” (Sec. 331.389(4)(e)) lists the criteria that regions must meet to be fully operational by June 30, 2014. If a region meets the criteria sooner, the Department can authorize them to begin to operate, after consultation with the Commission.

The criteria for regional implementation include:

1. A Chapter 28E agreement approved by the Board of Supervisors of each county
2. The 28E agreement must be signed by the authorized representatives of each county
3. Members of the governing board are appointed
4. Executive staff for the regional administrator are identified or engaged
5. An initial draft of a regional service management transition plan has been developed that identifies:
 - a. Local access points for disability services
 - b. The region’s Medicaid targeted case manager providers
 - c. The service provider network
 - d. The service access and authorization process
 - e. The information technology and data management capacity to support regional functions
 - f. The establishment of business functions, accounting procedures, and other administrative processes
 - g. Compliance with data reporting and other information technology requirements of DHS
 - h. The Department’s approval of the 28E agreement and the initial draft of the regional management transition plan

Rick noted there are a number of regions that are moving forward quickly and it is fairly likely that regions with signed 28E agreements and initial drafts of a regional management transition plans may seek approval to operate earlier; the information related to the criteria listed will come to the Commission for review before the Department makes a determination. Rick said that in the interest of working together to be successful, he does not intend to let the lack of rules in this area slow down the process since the law provides specific guidance. He noted that there are places where the specificity in the Code is adequate to guide us and other places where there is ambiguity or the need for additional clarification and rules will be needed.

Polk County has applied and been exempted from joining into a region. It was envisioned that the applications for exemption would be received by June 30, so Polk County is about six months ahead of that timeline. We have another central Iowa region that is close to having everything in place to request permission to begin operation. Currently the funding for technical assistance to counties is scheduled to end June 30; the legislature may act to allow the TA to continue into the next fiscal year.

David Hudson asked if there will be a consistent rate structure across the state under the regional system or if it will vary from region to region. Rick responded that regions will each contract with providers for services, so rates will be determined during the contracting process and will vary.

Betty King asked what it is most essential for consumers to know about all this and how the process can be demystified for them. Rick responded that he thinks the key is going back to the basics. The state is striving to have locally delivered services that are regionally administered and share a level of state standards. Individuals and families can have impact in administrative conversations if they know they are happening. Some of the issues may not be important to everyone, but people should watch what is going on locally and decide when they want to be involved. It needs to be a transparent process so folks in communities around the state can make those decisions.

David Hudson said that as a parent he has found the human services domain to be mammoth and intimidating for consumers and it is important to keep that in mind. Rick noted that there are a number of advocate groups that are represented at the table and that being connected with one or more advocacy groups is an important way for consumers and families to keep informed. The discussion on Commission duties will continue in future meetings as the redesign process moves forward.

STATE RESOURCE CENTER BARRIER REPORT

State Resource Center superintendents Zvia McCormick and Marsha Edgington-Bott presented an overview of the Glenwood and Woodward Resource Centers Annual Report of Barriers to Integration for the calendar year 2012.

This report originated as part of a settlement with the U.S. Department of Justice in 2004 to explain the reasons that people stay at the Resource Centers and identify the

barriers to moving into more integrated settings. Whenever anyone expresses an interest in living elsewhere, work is done to help make that happen. The attitude toward admission has changed in recent years; now work toward transitioning people back into community settings begins from the first day they are admitted. One significant barrier has been resistance from guardians and family members, but sometimes people who are initially opposed to other settings become more open to the idea over time.

The report shows the total Glenwood Resource Center census at 248 on December 31, 2012; today it is 253. The Woodward Resource Center census was 181 on December 31, 2012; today it is 178. Very few of the residents are under age 18 (9 at Glenwood and 2 at Woodward as of December 31, 2012).

The report defines the five major barriers that have been identified:

1. Interfering behaviors that makes it difficult to ensure safety for self and/or others – meaning behaviors that require a high level of supervision and support, such as aggression, eating non-food items, self-injury, fire-setting, elopement, and others. This barrier applied to 100% of RC residents under age 18 and 59% of RC residents age 18 and over.
2. Under-developed social skills – meaning significant impairment in the ability to practice appropriate social skills; screaming, verbal threats, inappropriate touch, and other disruptive behaviors. This barrier applied to 75% of RC residents under age 18 and 35% of RC residents age 18 and over.
3. Health and safety concerns – meaning multiple, severe, and/or sensitive health concerns that result in fragile health or complex care needs; requiring specialized medical treatment or monitoring. This barrier applied to 11% of RC residents under age 18 and 30% of RC residents age 18 and over.
4. Day programming or vocational opportunities – meaning the inability to find employment or meaningful day activity that meets the person's individual needs. This barrier applied to 50% of RC residents under age 18 and 30% of RC residents age 18 and over.
5. Individual, family, or guardian reluctance – which may be due to concerns about health and safety, consistency of care or staff, ability to adapt to change, or long-time residents view of the RC as “home.” This barrier applied to 17% of RC residents under age 18 and 61% of RC residents age 18 and over.

Guardians and family members who are reluctant to explore moving express concerns including:

- The level of support by community providers
- Past experiences in other settings that failed
- Long-time residents who identify the RC as their only home
- A lack of a “safety net” in community settings

- The person's difficulty in adapting to change
- The need for complex medical support and consistency of care

There are also sometimes barriers because of living area preference when a specific area of the state where a person wants to live does not have the supports they need.

Ongoing efforts toward addressing barriers include:

- The Resource Centers have begun requesting guardian permission and making referral to the Money Follows the Person (MFP) grant program and a Transition Specialist at the time of, or prior to, admission to either facility.
- The Resource Centers provide therapy and counseling support services, including individual and group therapy.
- Glenwood Resource Center uses a trauma screening tool to ensure that all mental health needs of a person are covered.
- The Resource Centers provide DBT (Dialectical Behavior Therapy) skill groups and continue to develop curriculum for the program.
- They continue to offer consultation and training to community providers to support them in expanding skills.
- They provide training to residential and vocational agencies as part of transitioning individuals to their services. This includes the development of behavior support plans, community staff shadowing staff at the Resource Center.
- An interdisciplinary team works with the Resource Center before the move and Resource Center staff participate in community visits.
- Resource Center staff may go with the person to their new living arrangement for a few days to help with transition or may accompany them to a new job.
- The Woodward State Resource Center Autism Resource Team has provided training to community providers and others and held a Family Autism Conference in August 2012.
- The Woodward SRC APPLE Team provides services on campus to individuals with sex offender behaviors, including individual and group counseling, and the APPLE Team provides consultation and training to community providers for people they are serving.
- To date, none of the individuals participating in the APPLE program that have been placed in the community have had to return to the Resource Center.

- Woodward RC sends guardians and families information about MFP and area provider lists with the invitation to their family member's annual review.
- The RCs involve staff and social workers in visits with community providers; because the RCs have steady long-term staff and therefore long-term relationships with residents, their involvement helps increase confidence on the part of families.
- Families are invited to visit providers with RC staff.
- Stories of successful moves to the community are shared with families.
- The RCs work to encourage new or existing providers to expand services in areas of the state where need is identified by families.
- The RC Interdisciplinary Teams continue to gather information from families about why they are reluctant to consider a move.
- Both RCs work with the MFP program and statewide stakeholder's workgroup to ensure a smooth transition for people leaving the RCs.
- WRC has worked with Polk County and Story County providers to get information about provider services and opportunities for individuals seeking housemates.
- Social workers continue to visit providers and attend provider meetings.
- The RCs have increased their knowledge of providers' ability to offer health supports and their awareness of accessible housing providers and transportation providers.
- They work with Iowa Vocational Rehabilitation Services (IVRS) and the vocational specialist for the MFP grant.
- Glenwood RC participates in the Iowa Coalition for Integrated Employment (ICIE).
- Community providers have toured Woodward RC to see how vocational services are provided on the campus.
- Woodward RC has held seminars for on applying for jobs and interviewing.

Census Reduction:

The Resource Centers have a planned decrease in population on an annual basis. In 2002 the census at Glenwood was 394; at the end of 2012 it was 261. In 2002 the census at Woodward was 285; at the end of 2012 it was 183. The goal has been to

reduce the census by a net of 12 beds per year at each facility and that goal continues. The RCs start working with individuals who are admitted on a plan to transition out from admission; they are committed to help people move out and stay successfully in the communities of their choice.

There is also a focus on preventing the need for admission. The RCs are providers of last resort and it is difficult to get in; work is done to help locate other options and providers before RC admission is approved. They are continuing to work toward more similarities to the community living experience, which is challenging in the campus setting, and on developing daily living and leisure skills for residents with an emphasis on appropriate services and supports for moving and being successful.

The transition process includes:

- A comprehensive functional assessment to identify essential health and safety supports
- A written transition plan by the Interdisciplinary Team that includes a crisis plan
- Visits to the person's new home and with new staff before the move
- Training of provider staff by Resource Center staff (specific to the individual)
- Follow-up by RC staff after the move
- Inclusion of the case manager throughout planning and after discharge

Q & A and Discussion:

Zvia indicated Glenwood Resource Center has moved over 50 people through MFP over 3 years and only 3 have returned. She said that community providers are responsive to looking at serving people they might have considered too challenging a few years ago.

One of the biggest issues is employment for people moving to community settings. The RCs have had good success in employing people within the Resources Centers, but struggle with transferring from that to community jobs with similar success.

Marsha indicated that it has been helpful when they can identify a group of 3 or 4 residents who are friends and can move out together to live as housemates. Most people who leave the RCs move to their own house or apartment with 24-hour support. They may have 2 or 3 roommates in a house under an HCBS Waiver. A few move back home with their families, particularly those under age 18, and a few move to smaller ICFs (Intermediate Care Facilities). Almost all of the people who have transitioned out (about 95%) in recent years have used the MFP program; it has been very successful.

Bob Bacon explained that CDD partners with DHS to implement the Money Follows the Person program and participant experience surveys are taken at the end of the first year. Bob said the survey results have been very positive. Zvia said she also hears from people who have moved out and call to report on how they are doing. Bob noted that two new transition specialists have been hired and will be starting in June. He said

the collaboration between the RCs and MFP has been very good. When the counties stopped providing the Medicaid match for people at the RCs last July, that meant that county case managers no longer be making annual visits to ICFs/ID that were required. IME has asked the transition specialists to make those visits so families and others are going to be exposed to MFP earlier as a peripheral benefit. The MFP contract has been extended through March 2016 and there is hope that it will be extended further.

There is a very modest amount of “Conner” funds that is used in conjunction with MFP to purchase things that Medicaid funds cannot buy.

A break was taken for lunch at 12:00 noon.

The meeting resumed at 1:00 p.m.

ETHICAL CONSIDERATIONS OF COMMISSION MEMBERSHIP

Gretchen Kraemer presented an overview of the ethical considerations of Commission membership.

Open Meetings:

- The Commission is subject to open meetings rules
- Members of the public can attend
- Public notice must be given prior to meetings
- The meeting agenda is the invitation for the public to attend
- It needs to reflect items for specific action
- The meeting announcement should advise people of the time, date, place, and tentative agenda for the meeting

The Commission has previously discussed questions on timing in the agenda and how much flexibility is acceptable. A reasonable balance should be observed between keeping things moving and fidelity to agenda as presented. A public body should not wholly depart from the agenda and should not move too far, but if an item takes less time than expected, the group does not have to sit idle and wait for the time shown to start discussing the next item. The Commission has added a disclaimer to the agenda to warn people that times are approximate.

- Notice of meetings must be made public at least 24 hours in advance
- The Commission’s practice is to share the tentative agenda almost a week in advance
- Open meetings rules do not need to be followed for committee meetings or other small group meetings with less than a quorum present, or if the group is not talking Commission business at all
- Open meetings rules do not apply to committee groups who are making recommendations to take back to the full group and not making final decisions
- Groups should always abide by the spirit of the open meetings law and when in doubt, err on the side of openness

- Public meetings should offer a public comment period; the Commission practice has been very open and often invites public participation during discussion as well, but if the group chooses or finds it necessary, public comment can be limited to a designated period

Open Records:

- Open records rules also apply to Commission business
- Emails about Commission business are open records

Conflicts of Interest:

- Conflicts typically deal with money or a financial stake in a decision
- The Commission generally takes a broader view and significant relationships with providers or issues being discussed are disclosed
- All members are stakeholders in some way so all have potential conflicts in various ways, but they do not necessarily require members to recuse themselves from voting
- Be cautious about speaking to influence a vote if you are recusing yourself because of a conflict

Gretchen referred to a 1994 document regarding conflicts for the Council on Human Services, which provided the following guidance. A member should abstain from voting or influencing the group when:

- An issue directly affects a business interest of a council member
- There is a substantial threat to the independence of judgment or there is the appearance of impropriety
- Participation would have a negative effect on public confidence

Members need to be able to contribute on most issues for the effective functioning of the public body.

Lobbying:

- There are rules on lobbying that apply to all governmental entities
- The Commission can lobby if those rules are carefully followed
- The group would have to pick one spokesperson and that person would have to register as a lobbyist
- The group would have to vote on the position to be lobbied
- Members of the Commission are also members of the public and can go to the Capitol as a concerned citizen on their own behalf, but cannot represent themselves as speaking for the Commission unless they are the registered lobbyist

Reports to the Governor, Letters, and Other Communications:

- Communications on behalf of the Commission should come from the Chair or other person designated by the Commission to act on their behalf and should be created or approved by vote of the Commission

- Unless the Commission has named you as their spokesperson, individual members should communicate as a private citizen

CORE SERVICES DISCUSSION

Rick Shults shared an update on the Core Services discussion, saying that the Commission's Core Services Committee has been putting in a lot of hard work on developing definition and standards that will be coming to the full Commission for review next month. Senate File 2315 calls for core services to be delivered starting July 1 and counties are concerned about that quickly approaching date. There is also language in the law limiting how Fund 10 money could be used by counties. Some changes have been recommended so that counties can use the funds available to them to deliver the services described in their approved county management plan until the new regional plans are approved. Initially the language was such that a region would not be required to deliver services until they had an approved regional management plan or until July 2014, whichever comes first. Rick said this represents an effort to try to put a little more control about how this unfolds in to the hands of the regions, and he believes it will remain in the final version of the legislation.

Renee Schulte has been working on developing language describing the minimum core services standards and what is permissive beyond the minimum. The Commission's committee has been working with her and it still providing input.

Patrick Schmitz, who is chairing the committee, outlined their progress so far: The group started with looking at Renee's research of the definitions in existing code, rules, and other sources. In their first review, they actually expanded the document to add more information, and then in the second round, pared it down to the definitions that seemed most relevant for this purpose. The next step was completing a rough draft of definitions for core services and work is still being done on checking and editing those, with attention to making them fit the broad array of services to the greatest extent possible. The committee has met four times for several hours each time and have worked outside the meetings as well, so have invested considerable time in this project.

The committee just started working on some access standards, including time frames, travel distances, and other factors that impact access to services. Patrick said it is quite challenging to determine what will work in different areas of the State and if different standards are needed for rural and urban areas. As Rick indicated, after the committee has developed draft documents, they will come to the Commission and others for further review. Renee added that when work was done on the bill last year, it was done with stakeholders around the table and that process will continue.

The legislation identified six domains for core services:

- | | |
|-------------------------------|-------------------------|
| 1. Treatment | 4. Supported Employment |
| 2. Crisis Services | 5. Recovery Services |
| 3. Supported Community Living | 6. Care Coordination |

Putting the core services into rule format includes access standards:

- How quickly should people be able to get an appointment or access a service?
- What should the maximum distance or travel time be?
- How long should they have to wait from referral to the delivery of service?

Renee said that currently access is widely varied across the state and is more difficult or has longer wait times in some areas. The rules will attempt to find a balance and put parameters on what is acceptable. The next step will be to bring in what Magellan uses for standards in accessing the Medicaid services they manage, as well as looking at the employment standards used by Iowa Vocational Rehabilitation Services (IVRS). There also needs to be a quality improvement process. Access to services may not meet all the standards 100% of time at first and work will need to be done to improve that over time.

Questions to be addressed:

- How do we deal with workforce challenges?
- What does home and community based services mean?
- Should those services have different standards than inpatient hospitalization or other types of services?
- What is the state standard going to be?
- What can a person expect to have available to them?
- How quickly should a person be seen for crisis evaluation?
- If it is immediately, what does that look like? Is it a first responder type of situation?
- Do first responders need specific training on de-escalation, mental health, or disability?
- Is immediate phone access to a person with crisis intervention skills enough?
- What should the timeline for face to face response be?
- What about outpatient treatment? How long to get appointment?
- What amount of time to travel to the location – 90 minutes maximum?
- Set limits on waiting time to get in to be seen?
- Different wait times for psychiatrists and psychologist or other mental health counselors?
- When do people need same day access?
- Should time or distance standards be different for rural and urban areas?
- How does the availability of transportation enter into it?
- What determines outpatient as opposed to crisis? The individual could move from one to the other.
- What are the expectations for levels of availability for mental health care?
- Should expectations be comparable to routine physical health care appoints, urgent care, and emergency care?
- What services should be available close to home, and what services can be centralized or located farther away?

In some locations there may need to be people recruited and trained to provide services at the direct care professional level in order for them to be available even if provider agencies are willing to serve; that could mean a longer wait time for availability. The goal is to set standards that are similar to Medicaid standards so that the system is seamless for Medicaid and non-Medicaid eligible people. There will be differences, but the intent is to work to reasonably align the standards.

Renee said that some states have designated an amount of funding that families can use to pay for limited in home services that they select to stay at home or they can choose to move to another setting. She noted that Medicaid funded services provided through HCBS (Home and Community Based Services) Waivers are capped as to number of people served (slots) and dollar amounts. Gary Lippe commented that if a similar funding plan is envisioned the cost limits be set for a 3 to 6 month or annual cost rather than a monthly cost; he said sometimes the initial costs will go down over time.

There is also a section in the core services legislation on practices and competencies that relates to co-occurring conditions, Trauma Informed Care, and Evidence Based Practices. Some of the language included in the county exemption rules will likely be used again in this document.

Teresa Bomhoff asked if there will be a change in terminology from Evidence Based Practices to research based practices. Rick responded that the proposed language is in SF 440, so there will be a change if it is passed either in that bill or some other vehicle.

Jack Willey commented that it is going to be important to consider that transportation is not a funded service and it will have a price tag, especially for primarily rural counties. Rick responded that there has been some work done on how other states have dealt with transportation and that work will continue. If it can be demonstrated that transportation services are needed, a case can be made to go back to the legislature and ask for funding.

Diane Brecht commented that in rural areas such as Delaware County, it is very difficult to expand services into the community because there is not a large enough direct service workforce. That will impact access to services. She said that assistance with educational or training opportunities would be helpful in addressing the workforce shortage.

Teresa Bomhoff commented that non-emergency medical transportation is a Medicaid service and suggested investigating ways for counties to enter into a similar contractual arrangement for transporting people who are not Medicaid eligible.

LEGISLATIVE DISCUSSION

The legislative members of the Commission, who were scheduled to participate in a panel discussion on the 2013 session, were unable to attend the meeting because the House and Senate were still in session.

PUBLIC COMMENT

No additional public comment was offered.

The meeting was adjourned at 2:25 p.m.

Minutes respectfully submitted by Connie B. Fanselow.